

PART B - FEE(S) TRANSMITTAL

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38934 7590 03/04/2008

GARMIN AT, INC.
C/O GARMIN INTERNATIONAL, INC.
ATTN: Legal - IP
1200 EAST 151ST STREET
OLATHE, KS 66062

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/033,299	10/25/2001	Steve Horvath	18360-233642	8229

TITLE OF INVENTION: PILOT-PROGRAMMABLE ALTITUDE RANGE FILTER FOR COCKPIT TRAFFIC DISPLAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/04/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SWARTHOUT, BRENT	2612	340-961000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <i>Kevin E. West</i> 2. <i>Samuel M. Korte</i> 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Garmin AT, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Salem, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *501-791* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *SM*

Date *4-18-08*

Typed or printed name *Samuel M. Korte*

Registration No. *56,557*

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